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Patient Care News: July 2005

St. Cloud Hospital

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PATIENT CARE NEWS



Volume 26, Number 7

St. Cloud Hospital, St. Cloud, MN

July 2005

Coming Soon to a Billboard Near you!

As you travel South on Highway 15 in July, you will see the following billboard for the Smoke Free Communities coalition just before Crossroads Center as the kickoff for a year-long promotional campaign.

The Smoke Free Communities coalition, which is coordinated through the Central Minnesota Heart Center at St. Cloud Hospital, is a made up of community partners seeking to increase the number of smoke-free worksites, including bars and restaurants. We believe that all workers deserve smoke-free workplaces.

For more information, check out SmokeFreeCentralMN.org.



River Oaks Hospitality House

The River Oaks Hospitality House mission is to provide affordable, temporary housing in a peaceful, homelike setting to families and patients receiving medical care in the St. Cloud community. The operational budget of the house, which is owned by St. Cloud Hospital, is funded by guest room fees and donations. Our Community Steering Committee, which is responsible for advocating, enforcing and helping fund this mission driven program recently recommended raising the room fee to **\$35 per room per night effective July 1**. Donations help us continue to assist those who are unable to cover the cost of their entire stay at River Oaks Hospitality House.

We need and appreciate your help in referring and recommending River Oaks Hospitality Houses to patients and their families. Please call if you have any questions about the Hospitality House program.

*Sally Allen, Specialist
River Oaks Hospitality House
Ext. 51774*



Please send items that you would like included in the *Nursing News* to patientcarenews@stcloudhospital.org by calling ext. 56699. The deadline for items is the 22nd of each month.

Notes from Neurodiagnostics:

Frequently, the technologists in our department are asked about the process we use as far as surgical monitoring is concerned, specifically in regards to application and removal of our EEG electrodes. The usual routine is to hook the patient up in Center for Surgical Care one hour prior to surgery start time. Occasionally, we will hook up in the alcove. This is usually due to our outpatient/inpatient or concurrent surgical cases being monitored.

Once the surgical case is finished, the technician will remove the leads while the patient is in recovery unless the surgeon requests they be left on. Again, this can vary dependant on our patient load and how late the case gets done. If it is late in the day, the tech may wait until the following morning to remove the leads. When the leads are removed in the recovery area there is usually a lot going on with the patient and our goal is to get the leads off and get out of the way.

We explain to the patient during hookup that they may have glue in their hair when they get to their regular hospital room. We tell them to let the nurse know if they need us to come up and work on getting the glue out.

There tends to be some confusion as to why some patients come to their rooms with leads while others don't. As with anything, it all depends on circumstance. The main factors affecting our normal process are our patient load, surgeon request, and time of surgery. Please feel free to ask our technologists if you have questions. You can call our department at ext. 55696 if you would like us to come and talk to a patient or nursing staff in your area regarding the process or any questions about EEG.

Submitted by:
Tonya Hoaglan, REEGT

Look Alike and Sound Alike Medications Continued...

meloxicam	moexepiril
PERCOCET	PERCODAN
pentobarbital	phenobarbital
propranolol	pravachol
REZULIN	RELAFEN
ROXANOL	ROXICET
SYMMETREL	SYNTHROID
TORADOL	tramadol
TORADOL	TORECAN
VOLMAX	FLOMAX
ZYPREXA	CELEXA

Medication error reports may be caused by drug names that sound or look alike. When handwritten or verbally communicated, some names could cause a mix-up. The list above includes recent and common mix-ups that have occurred or have the potential to cause a mix-up, nationally or here at St. Cloud Hospital. (Brand names are capitalized.)

Nancy A. Sibert
Medication Safety Pharmacist

Summer Safety Tip #1: Water Safety

- ◆ Swim in supervised areas only.
- ◆ Obey all rules and posted signs.
- ◆ Don't mix alcohol and swimming. Alcohol impairs your judgment, balance, and coordination, affects your swimming and diving skills, and reduces your body's ability to stay warm.
- ◆ Pay attention to local weather conditions and forecasts. Stop swimming at the first indication of bad weather.



Complementary and Alternative Therapy/Medicine

Honda, K. & Jacobson, J.S. Use of complementary and alternative medicine among United States adults: the influences of personality, coping strategies, and social support. *Preventive Medicine* 40 (2005) 46-53

This study steps beyond the usual investigation of the numbers of Americans using complementary and alternative (CAM) therapy to explore psychosocial factors associated with their use. Honda and Jacobsen drew their data from a nationally representative survey of 4,242 adults aged 25-74, the Midlife Development in the United States Survey (MIDUS), conducted in 1995-96. The sample size and characteristics provide a reliable depiction of CAM use and the associated psychosocial factors of ten years ago. Use of CAM's in this national sample was 54% of respondents; given the 10-year interval between data collection and the present and the recent trends for increased use of CAM it would seem that the findings of this study under-represent current use, though the identified associations with psychosocial factors may remain similar.

Honda and Jacobsen describe their investigation clearly, concisely and thoroughly. Variables selected for investigation were well-defined and measured adequately. While previous studies suggested research related to coping strategies and family influences, these investigators narrowed this more generic focus to the psychosocial data available from the survey. The variables of interest were: 1) the use of 14 CAM modalities¹ in the previous year, 2) personality traits in five categories: agreeableness, openness to experience, conscientiousness, extroversion, and neuroticism. Data collection and analysis procedures are thorough, succinct, and appropriate to the study's purposes. The results are reported with adequate attention to the limitations of the study.

Individuals most likely to use CAM's include Caucasians, women, and persons reporting

major depression and panic disorders. The most relevant findings for nurses practicing in acute care settings include: 1) positive associations² of *openness to new experiences* with all types of CAM's except manipulative body-based methods; 2) negative relationships between mind-body therapies and extroverted personality; 3) positive associations between social support from friends and mind-body therapies, manipulative body-based methods and alternative medical systems; 4) positive relationships between all types of CAM's and the coping strategy *secondary control* in which the individual adapts his/her cognitive or affective state rather than attempting to make external circumstances conform to their personal needs (i.e. primary control) and all types of CAM's.

Since this is the first published study relating psychosocial factors with the use of CAM's, the data are 10 years old, and no attempt was made to control for presence or severity of disease replication is warranted. In the meantime, it would be advisable for nurses to carefully assess women and those with depression and panic disorders for their use of CAM's especially those who seem open/adventuresome, those with a strong and positive friend network and those exhibiting secondary control coping strategies in order to reduce negative interactions with western medical regimes. With further study, the information discovered in this investigation may help nurses determine under what client conditions certain alternative therapies can be effective adjuncts to western treatment methods.

This article is available on-line through www.sciencedirect.com and provides an updated reference list for those wanting additional resources.

Submitted by:
Kathleen Twohy, RN, PhD
College of St. Benedict

¹**Body-mind therapies** (biofeedback, hypnosis, relaxation/meditation, imagery, prayer/spiritual practices); **biologically-based therapies** (herbs, high-dose megavitamins, special diets); **Manipulative/body-based methods** (massage, exercise, chiropractics); **alternative medical system** (acupuncture, homeopathy) and **energy therapies** (energy healing)

²Positive associations = as one variable increases the other increases;
negative relationships = as one variable increases the other *decreases*

Available for CEUs

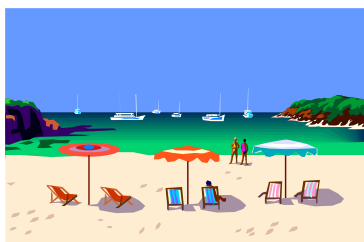
St. Cloud Hospital Home Care and Hospice now is offering ***Living with Grief: Ethical Dilemmas at the End of Life*** (Hospice Foundation of America) video and handouts at the SCH library for staff to check out for CEUs.

Topics included in the video:

- the interrelationship between morals, values, ethics and the law
- how Western law and philosophy offer a base for ethical decision making
- six ethical dilemmas and issues evident at the end of life
- special end of life settings such as hospice programs, nursing homes and hospitals and the influence of ethical decisions in these settings
- cultural differences that influence ethical choices
- strategies to assist bereaved individuals in their course of grief with end of life issues

There also is a local panel discussion at the end of the video including local speakers on end of life issues (Bret Reuter, Director of Mission and Spiritual Care; Sue Wiesbrich, SCH Home Care & Hospice; Father Tom Knoblach, Ph.D. Medical Ethicist; Kevin Hughes, Attorney, Hughes & Matthews; and David Cloutier, Ph.D., Assistant Professor Theology CSB/SJU).

Cheri Tollefson Lehse
Communications Specialist
Ext. 54189



Summer Safety Tip #2: Boating Safety

- ◆ Be weather wise: Sudden wind shifts, lightning flashes and choppy water all can mean a storm is brewing. Bring a portable radio to check weather reports.
- ◆ Bring extra gear you may need: A flashlight, extra batteries, matches, a map of where you are, flares, sun tan lotion, first aid kit, extra sunglasses. Put those that need to be protected in a watertight pouch or a container that floats.
- ◆ Tell someone where you're going, who is with you, and how long you'll be away.
- ◆ Then check your boat, equipment, boat balance, engine and fuel supply before leaving.

Summer Safety Tip #3: Sun/Heat Safety

- ◆ Protect your skin: Limit the amount of direct sunlight you receive, especially between 10 a.m. and 2 p.m., and wear a sunscreen with a sun protection factor (SPF) of 15 or higher.
- ◆ Wear eye protection: Sunglasses are like sunscreen for your eyes and protect against damage from UV rays. Be sure to wear sunglasses that absorb at least 90 percent of UV sunlight.
- ◆ Wear foot protection: Many times, people's feet can get burned from sand or cut from glass in the sand.
- ◆ Drink plenty of water regularly and often even if you do not feel thirsty. Your body needs water to keep cool. Avoid drinks with alcohol or caffeine in them.
- ◆ Watch for signs of heat stroke: Hot, red and dry skin; changes in consciousness; rapid, weak pulse; and rapid, shallow breathing. Call 911 and move the person to a cooler place. (*Heat stroke is life threatening. The victim's temperature control system, which produces sweating to cool the body, stops working. The body temperature can rise so high that brain damage and death may result if the body is not cooled quickly.*)

Educational and Professional Development Programs

August, 2005

- 1st/2nd Oncology Certification Nurse Review Course, Windfeldt
- 23rd/24th Pediatric Nurse Certification Review, Windfeldt

September, 2005

- 13th Cardiovascular Nurse Certification Review, Windfeldt
- 17th 2005 MSRT Fall Conference, Cardiac and Vascular Seminar, Holiday Inn
- 20th/27th TNCC Initial, Conference Center
- 22nd Writing for Professional Publication, Windfeldt
- 24th/25th Interdisciplinary Rehabilitation Management of Persons with Spinal Cord Injury, Conference Center
- 25th Basic Preceptor, Fireside

For more details, call the Education Department at Ext. 55642.

Clinical Ladder

Congratulations to the following individuals for achieving and/or maintaining their Level IV and Level III Clinical Ladder status!

Level IV

Alice Schneider, RN FBC

- Induction of Labor Class
- International Board Certified Lactation Consultant
- Preceptor/Mentor
- Protective Equipment Audit for PI Committee
- Teaches AWHONN Fetal Monitor Class
- Tours New Residents and Reviews Fetal Monitor

Level III

Tiffany Omann-Bidinger, RN Ortho/Neuro

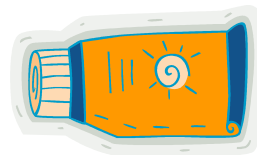
- Orthofix Bone Stimulator Poster
- Skin Assessment Report for PI Committee
- Teaches Total Joint Class
- Preceptor
- Clinical Ladder Committee

Karen Lashinski, RN CSC

- Member of PI Committee
- Resolve Through Sharing Member
- Tours at Perioperative Open House
- Unit Representative for Centra Care Foundation
- Presented Resolve Through Sharing at Ed Day

Carol Ziegler, RN Pediatric Short Stay

- Participates in Relay for Life
- Member of PI Committee
- Preceptor
- Poster on Sedation Documentation
- Participation in Cancer Kids Picnic and Tree of Hope



How Do I Treat Sunburn?

You may not immediately see the effects of overexposure to the sun. It may take up to 24 hours before the full damage is visible. The two most common types of burns are first degree burns and second degree burns.

First degree sunburns cause redness and will heal, possibly with some peeling, within a few days. These can be painful and are best treated with cool baths and bland moisturizers or over-the-counter hydrocortisone creams. Avoid the use of "-caine" products (such as benzocaine) which may cause sensitivity to a broad range of important chemicals. Aspirin taken orally may lessen early development of sunburn.

Second degree sunburns blister and can be considered a **medical emergency** if a large area is affected. When a burn is severe, accompanied by a headache, chills or a fever, seek medical help right away.

Be sure to protect your skin from the sun while it heals and thereafter!